



~ Conference Registration Form ~

Please complete in CLEAR CAPITAL LETTERS and return with payment to:

Graduate School, USDA
600 Maryland Avenue, SW, Room 142(IH)
Washington, DC 20024 U.S.A

Fax: (001) 202-401-7304

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Family Name _____ First Name _____

Institution _____

Mailing Address ☐ Home ☐ Institution

City _____ Code/Zip _____ Country _____

Telephone _____ Fax _____

E-mail _____

Name as you would like it to appear on conference name badge _____

☐ I would like to contribute a two-page paper

Title of contributed paper _____

Suggested session _____

| | | |
|--------------------------------|-------------------------------|-------------|
| Registration Fees (in U.S. \$) | On or before January 15, 1998 | U.S. \$ 150 |
| | After January 15, 1998 | U.S. \$ 175 |

☐ Attached is payment in the amount of U.S. \$_____ made out to Graduate School, USDA.

☐ Attached is a U.S. Government Purchase Order

☐ Please charge my ☐ Mastercard ☐ Visa ☐ American Express ☐ Diners Club

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